# Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

## IRS e-file Signature Authorization

► ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

| Subm   | nission Identification Number (SID)   |   |  |  |
|--|---|---|--|--|
| Taxpay   | yer's name  | Social securit  | y number   |  |
| SAI  | IPRAKASH RAO AKULA  | 363-91-   | -1886  |  |
| Spouse   | e's name  | Spouse's soc  | ial security num   | ber  |
| Par  | Tax Return Information — Tax Year Ending December 31, 2023 (Ent   | <br>er year you a   | re authorizin  | ig.)   |
| Enter  | whole dollars only on lines 1 through 5.  |   |  |  |
| Note   | : Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.  |   |  |  |
| 1  | Adjusted gross income   |   | 1   7  | 73,360.  |
| 2  | Total tax   |   | 2  | 8,403.   |
| 3  | Federal income tax withheld from Form(s) W-2 and Form(s) 1099   |   | 3 1  | LO,790.  |
| 4  | Amount you want refunded to you   |   | 4  | 2,387.   |
| 5  | Amount you owe  |   | 5  |  |
| Par  | Taxpayer Declaration and Signature Authorization (Be sure you get and   | keep a cop  | y of your re   | turn)  |
| return<br>to sen<br>for an<br>Agent<br>payme<br>author<br>payme<br>busine<br>taxes<br>persor | nowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I able (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transfer my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rey delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account in ent of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminatent, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation recess days prior to the payment (settlement) date. I also authorize the financial institutions involved in the to receive confidential information necessary to answer inquiries and resolve issues related to the nal identification number (PIN) below is my signature for the income tax return (original or amended) I onic Funds Withdrawal Consent. | emitter, or electro-<br>ejection of the tr<br>U.S. Treasury andicated in the ta-<br>tion to debit the<br>atte the authoriza-<br>equests must be<br>the processing of<br>payment. I furt | nic return original ansmission, (b) and its designate and a reparation sentry to this action. To revoke received no the electronic her acknowled | nator (ERO) the reason definancial software for count. This e (cancel) a ater than 2 payment of lge that the |
| Тахр   | ayer's PIN: check one box only  |   |  |  |
|  | X I authorize GLOBAL TAXES LLC to enter or generat  | ř Ent   | er five digits, bu   | d as my  |
|  | signature on the income tax return (original or amended) I am now authorizing.  |   |  |  |
|  | I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN me below.   |   |  |  |
| Your   | signature ▶ Date ▶  |   |  |  |
| Snou   | ise's PIN: check one box only   |   |  | _  |
| Г  | ☐ I authorize to enter or generat   | e my PIN  |  | as my  |
|  | ERO firm name   |   | er five diaits. bu   |  |
|  | signature on the income tax return (original or amended) I am now authorizing.  | dor   | n't enter all zero   | S  |
|  | I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN me below.   |   |  |  |
| Spou   | se's signature ▶ Date ▶   |   |  |  |
|  | Practitioner PIN Method Returns Only—continue belo  | w   |  |  |
| Part   | Certification and Authentication — Practitioner PIN Method Only   |   |  |  |
| ERO'   | 's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.   |   | 6 0 8 2<br>er all zeros  | 7 1  |
| autho  | fy that the above numeric entry is my PIN, which is my signature for the electronic individual income rized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subtements of the Practitioner PIN method and <b>Pub. 1345,</b> Handbook for Authorized IRS e-file Providers or   | mitting this retu   | rn in accordan   | ce with the  |
| FR∩'   | s signature ▶ Date ▶  |   |  |  |
|  | ERO Must Retain This Form — See Instructions  |   |  |  |
|  |   |   |  |  |

Don't Submit This Form to the IRS Unless Requested To Do So

# E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



| <b>1040</b>                     |           | artment of the Treasury-Internal Revenue Servi                       |             | urn         | 202             | 3      | OMB No. 1545     | -0074    | IRS Use     | Only—    | -Do not w | rite or sta | ple in this sp              | ace.     |
|---------------------------------|-----------|--|-------------|-------------|-----------------|--------|------------------|----------|-------------|----------|-----------|-------------|-----------------------------|----------|
| For the year Jai                | n. 1–Dec  | c. 31, 2023, or other tax year beginning                             |             |             | , 2023, end     | ling   |                  |          | , 20        |          | See se    | oarate i    | nstruction                  | ns.      |
| Your first name                 | and m     | iddle initial  | Last na     | me          |                 |        |                  |          |             |          | Your so   | cial sec    | urity numb                  | oer      |
| SAIPRAK                         | ASH I     | RAO  | AKUL        | A           |                 |        |                  |          |             |          | 363       | 91          | 1886                        |          |
|                                 |           | s first name and middle initial                                      | Last na     |             |                 |        |                  |          |             |          |           |             | security nu                 | umber    |
|                                 |           |  |             |             |                 |        |                  |          |             |          | 047       | 87          | 0742                        |          |
| Home address                    | (numbe    | er and street). If you have a P.O. box, see                          | instruction | ons.        |                 |        |                  | A        | Apt. no.    |          | Preside   | ntial Ele   | ction Cam                   | paign    |
| 309 MON                         | UMEN'     | T HILL DR  |             |             |                 |        |                  |          |             |          |           |             | ou, or your                 |          |
| City, town, or p                | oost offi | ce. If you have a foreign address, also co                           | mplete s    | paces bel   | ow.             | Sta    | te               | ZIP c    | ode         |          |           | 0,          | jointly, war<br>nd. Checkii |          |
| FORNEY                          |           |  |             |             |                 | TX     | Z                | 751      | 26          |          | •         |             | not change                  | •        |
| Foreign countr                  | y name    |  | F           | Foreign pr  | ovince/state/   | count  | ry               | Foreig   | ın postal c | ode      | your tax  | or refu     |                             | pouse    |
| Filing Status                   | s $\Box$  | Single   |             |             |                 |        | Head of h        | useh     | old (HOI    | <br>⊣)   |           |             |                             |          |
| Check only                      |           | Married filing jointly (even if only o                               | ne had i    | ncome)      |                 |        |                  |          | `           | ,        |           |             |                             |          |
| one box.                        | X         | Married filing separately (MFS)                                      |             | ·           |                 |        | ☐ Qualifying     | surviv   | ing spou    | use (C   | QSS)      |             |                             |          |
|                                 | If y      | you checked the MFS box, enter the                                   | name c      | of your sp  | ouse. If you    | ı che  | ecked the HOF    | or Q     | SS box,     | enter    | the chi   | ld's nar    | me if the                   |          |
|                                 | qu        | alifying person is a child but not you                               | ır depen    | ndent: S    | WATHI C         | SADA   | AGONI            |          |             |          |           |             |                             |          |
| Digital                         | At a      | ny time during 2023, did you: (a) rec                                | eive (as    | a reward    | I, award, or    | payn   | nent for prope   | rty or   | services    | ); or (l | b) sell,  |             |                             |          |
| Assets                          | exch      | nange, or otherwise dispose of a dig                                 | ital asse   | t (or a fir | nancial inter   | est ir | n a digital asse | et)? (Se | ee instru   | ctions   | s.)       |             | es 🗵 N                      | 0        |
| Standard                        | Som       | neone can claim:   You as a de                                       | pendent     | t 🔲         | Your spous      | e as   | a dependent      |          |             |          |           |             |                             |          |
| Deduction                       |           | Spouse itemizes on a separate retur                                  | n or you    | were a      | dual-status     | alien  |                  |          |             |          |           |             |                             |          |
| Age/Blindnes                    | s You     | : Were born before January 2, 1                                      | 959         | Are bli     | ind <b>Sp</b>   | ouse   | : Was bor        | n befo   | ore Janua   | arv 2.   | 1959      | □ Is        | s blind                     |          |
| Dependent                       |           |  |             | Ī I         | Social security |        | (3) Relationsh   | 11       |             |          |           |             | see instruct                | tions):  |
| -                               |           | irst name Last name  |             | (2) 3       | number          |        | to you           | lib ,    | Child t     |          |           |             | r other depe                |          |
| If more<br>than four            |           |  |             |             |                 |        |                  |          |             |          |           |             |                             |          |
| dependents,                     | _         |  |             |             |                 |        |                  |          | [           |          |           |             |                             |          |
| see instruction and check       | s —       |  |             |             |                 |        |                  |          |             |          |           |             |                             |          |
| here                            |           |  |             |             |                 |        |                  |          |             |          |           |             |                             |          |
| Income                          | 1a        | Total amount from Form(s) W-2, b                                     | ox 1 (se    | e instruc   | tions) .        |        |                  |          |             |          | 1a        |             | 84,67                       | 76.      |
| Attach Form(s)                  | b         | Household employee wages not re                                      | eported     | on Form     | (s) W-2 .       |        |                  |          |             |          | 1b        |             |                             |          |
| W-2 here. Also                  | С         | Tip income not reported on line 1a                                   | •           |             | •               |        |                  |          |             |          | 1c        |             |                             |          |
| attach Forms<br>W-2G and        | d         | Medicaid waiver payments not rep                                     |             |             |                 | nstru  | ctions)          |          |             |          | 1d        |             |                             |          |
| 1099-R if tax                   | е         | Taxable dependent care benefits f                                    |             |             |                 |        |                  |          |             |          | 1e        |             |                             |          |
| was withheld.                   | f         | Employer-provided adoption bene                                      | fits from   | r Form 8    | 839, line 29    |        |                  |          |             |          | 1f        | _           |                             |          |
| If you did not get a Form       | g         | Wages from Form 8919, line 6 .                                       |             |             |                 |        |                  |          |             |          | 1g        |             |                             |          |
| W-2, see                        | h         | Other earned income (see instruct                                    | ,           |             |                 |        |                  |          |             |          | 1h        |             |                             | 0.       |
| instructions.                   | i         | Nontaxable combat pay election (s                                    | see instr   | ructions)   |                 |        | <u>1</u> i       |          |             |          |           |             | 04 6                        | 7.0      |
|                                 | <u>z</u>  | Add lines 1a through 1h  | · · ·       |             | <u>.</u>        |        |                  |          |             |          | 1z        |             | 84,67                       | 76.      |
| Attach Sch. B if required.      | 2a        | · —  | 2a          |             |                 |        | axable interes   |          |             |          | 2b        |             |                             |          |
|                                 | 3a_       |  | 3a          |             |                 |        | ordinary divide  |          |             |          | 3b        |             |                             |          |
| Standard                        | 4a        |  | 4a          |             |                 |        | axable amoun     |          |             |          | 4b        |             |                             |          |
| Deduction for—                  | 5a        |  | 5a          |             |                 |        | axable amoun     |          |             |          | 5b        |             |                             |          |
| Single or<br>Married filing     | 6a        | Social security benefits If you elect to use the lump-sum e          | 6a          | nothad      | obook boro      |        | axable amoun     | ι        |             | · .      | 6b        |             |                             |          |
| separately,<br>\$13,850         | 7         | Capital gain or (loss). Attach Sche                                  |             | •           |                 | `      | ,                |          |             | . ⊢      | 7         |             |                             |          |
| Married filing                  | 8         | Additional income from Schedule                                      |             |             |                 |        |                  |          |             | . ∟      | 8         |             | -11,31                      | 1 6      |
| jointly or<br>Qualifying        | 9         | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7                                  | •           |             |                 |        |                  |          |             |          | 9         |             | 73,36                       |          |
| surviving spouse,<br>\$27,700   | 10        | Add lines 12, 25, 35, 45, 35, 65, 7, Adjustments to income from Sche |             | •           |                 |        | <br>             |          |             |          | 10        |             | , , , , ,                   | <u> </u> |
| Head of household,              | 11        | Subtract line 10 from line 9. This is                                |             |             |                 |        |                  |          |             |          | 11        |             | 73,36                       |          |
| \$20,800                        | 12        | Standard deduction or itemized                                       | •           | -           | -               |        |                  |          |             |          | 12        |             | 13,85                       |          |
| If you checked<br>any box under | 13        | Qualified business income deduct                                     |             |             |                 |        |                  |          |             |          | 13        |             |                             | <u> </u> |
| Standard<br>Deduction,          | 14        |  |             |             |                 |        |                  |          |             |          | 14        |             | 13,85                       | 50.      |
| see instructions.               | 15        | Subtract line 14 from line 11. If zer                                |             |             |                 |        |                  |          | -           |          | 15        |             | 59 51                       |          |

| Form 1040 (2023                                       | 3)       |   |                               |                     |                    |                | Page <b>2</b>                                 |
|---|----------|---|-------------------------------|---------------------|--------------------|----------------|---|
| Tax and   | 16       | Tax (see instructions). Check if any from               | n Form(s): <b>1</b> 881       | 4 <b>2</b> 🗌 4972 3 | 3 🗆 .              | . 16           | 8,403.  |
| Credits   | 17       | Amount from Schedule 2, line 3 .                        |                               |                     |                    | . 17           |   |
|   | 18       | Add lines 16 and 17                                     |                               |                     |                    | . 18           | 8,403.  |
|   | 19       | Child tax credit or credit for other depe               | endents from Sched            | ule 8812            |                    | . 19           |   |
|   | 20       | Amount from Schedule 3, line 8 .                        |                               |                     |                    | . 20           |   |
|   | 21       | Add lines 19 and 20                                     |                               |                     |                    | . 21           |   |
|   | 22       | Subtract line 21 from line 18. If zero or               | less, enter -0                |                     |                    | . 22           | 8,403.  |
|   | 23       | Other taxes, including self-employmen                   | nt tax, from Schedule         | e 2, line 21        |                    | . 23           | 0.  |
|   | 24       | Add lines 22 and 23. This is your <b>total</b>          | tax                           |                     |                    | . 24           | 8,403.  |
| Payments  | 25       | Federal income tax withheld from:                       |                               |                     |                    |                |   |
|   | а        | Form(s) W-2   |                               |                     | <b>25a</b> 10,7    | 90.            |   |
|   | b        | Form(s) 1099  |                               | [                   | 25b                |                |   |
|   | С        | Other forms (see instructions)                          |                               |                     | 25c                |                |   |
|   | d        | Add lines 25a through 25c                               |                               | -                   | •                  | . 25d          | 10,790.                                       |
| If you have a   | 26       | 2023 estimated tax payments and amo                     | ount applied from 20          | )22 return          |                    | . 26           |   |
| qualifying child,                                     | 27       | Earned income credit (EIC)                              |                               | 1                   | 27                 |                |   |
| attach Sch. EIC.                                      | 28       | Additional child tax credit from Schedule               | e 8812                        | [                   | 28                 |                |   |
|   | 29       | American opportunity credit from Form                   | n 8863, line 8                |                     | 29                 |                |   |
|   | 30       | Reserved for future use                                 |                               |                     | 30                 |                |   |
|   | 31       | Amount from Schedule 3, line 15 .                       |                               |                     | 31                 |                |   |
|   | 32       | Add lines 27, 28, 29, and 31. These are                 | e your <b>total other p</b> a | ayments and refur   | ndable credits .   | . 32           |   |
|   | 33       | Add lines 25d, 26, and 32. These are y                  | -                             |                     |                    | -              | 10,790.                                       |
| Refund  | 34       | If line 33 is more than line 24, subtract               |                               |                     |                    | . 34           | 2,387.  |
|   | 35a      | Amount of line 34 you want refunded                     | 35a                           | 2,387.              |                    |                |   |
| Direct deposit?                                       | b        | Routing number   1   2   1   0   0   0                  |                               |                     |                    | rings          |   |
| See instructions.                                     | d        | Account number 3 2 5 0 6 8                              |                               |                     |                    |                |   |
|   | 36       | Amount of line 34 you want applied to                   | your 2024 estimate            | ed tax              | 36                 |                |   |
| Amount  | 37       | Subtract line 33 from line 24. This is th               | e amount vou owe.             |                     |                    |                |   |
| You Owe   |          | For details on how to pay, go to www.                   |                               |                     |                    | . 37           |   |
|   | 38       | Estimated tax penalty (see instructions                 | s)                            |                     | 38                 |                |   |
| <b>Third Party</b>                                    | Do       | you want to allow another person to                     | o discuss this retur          | rn with the IRS?    | See                |                | _   |
| Designee  | ins      | tructions   |                               |                     | . Yes. Com         |                |   |
|   | De<br>na | signee's<br>ne  | Phone no.                     |                     | Personal<br>number | identification |   |
| Cian  |          | der penalties of perjury, I declare that I have ex      |                               | accompanying schedu |                    | ,              | of my knowledge and                           |
| Sign  |          | ef, they are true, correct, and complete. Decla         |                               |                     |                    |                |   |
| Here  | Yo       | ur signature  | Date                          | Your occupation     |                    | If the IRS se  | ent you an Identity                           |
|   |          |   |                               | ·                   |                    |                | PIN, enter it here                            |
| Joint return?   |          |   |                               | SOFTWARE            |                    | (see inst.)    |   |
| See instructions.<br>Keep a copy for<br>your records. |          | ouse's signature. If a joint return, <b>both</b> must s | ign. Date                     | Spouse's occupation | n                  |                | ent your spouse an tection PIN, enter it here |
|   | Ph       | one no. (669) 209-5229                                  | Email address                 | SAIPRAKASH.S        | OL@GMAIL.COM       | 1              |   |
|   |          | parer's name Preparer's                                 |                               |                     | ~ -                | ΓΙΝ            | Check if:                                     |
| Paid  | SYAN     | PRIYA RAM SAGAR GUPTA TALLAM SYAM PF                    | RIYA RAM SAGAR                | GUPTA TALLAM        | 03/13/2024 PC      | 2082703        | Self-employed                                 |
| Preparer  |          | n's name GLOBAL TAXES LLO                               |                               |                     |                    | 1              | (678) 965-9522                                |
| Use Only  |          | n's address 245 ROONEY CT E                             |                               | J 08816             |                    | Firm's EIN     | 84-3171965                                    |
| Go to wayy in a                                       |          | a1040 for instructions and the latest information       |                               |                     |                    | 5 =            | Form 1040 (2022)                              |

#### **SCHEDULE 1** (Form 1040)

## **Additional Income and Adjustments to Income**

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

SAIPRAKASH RAO AKULA

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/Form1040 for instructions and the latest information. Attachment Sequence No. **01** 

Your social security number

363-91-1886

| Par | t I Additional Income  | •                  |    |                   |
|-----|--|--------------------|----|-------------------|
| 1   | Taxable refunds, credits, or offsets of state and local income taxes           |                    | 1  | 0.                |
| 2a  | Alimony received   |                    | 2a |                   |
| b   | Date of original divorce or separation agreement (see instructions):           |                    |    |                   |
| 3   | Business income or (loss). Attach Schedule C                                   |                    | 3  |                   |
| 4   | Other gains or (losses). Attach Form 4797                                      |                    | 4  |                   |
| 5   | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Att  | ach Schedule E .   | 5  | -11,316.          |
| 6   | Farm income or (loss). Attach Schedule F                                       |                    | 6  |                   |
| 7   | Unemployment compensation  |                    | 7  |                   |
| 8   | Other income:  |                    |    |                   |
| а   | Net operating loss   | 8a (               | )  |                   |
| b   | Gambling   | 8b                 |    |                   |
| С   | Cancellation of debt   | 8c                 |    |                   |
| d   | Foreign earned income exclusion from Form 2555                                 | 8d (               | )  |                   |
| е   | Income from Form 8853  | 8e                 |    |                   |
| f   | Income from Form 8889  | 8f                 |    |                   |
| g   | Alaska Permanent Fund dividends  | 8g                 |    |                   |
| h   | Jury duty pay  | 8h                 |    |                   |
| i   | Prizes and awards  | 8i                 |    |                   |
| j   | Activity not engaged in for profit income                                      | 8j                 |    |                   |
| k   | Stock options  | 8k                 |    |                   |
| ı   | Income from the rental of personal property if you engaged in the rental       |                    |    |                   |
|     | for profit but were not in the business of renting such property               | 81                 |    |                   |
| m   | Olympic and Paralympic medals and USOC prize money (see                        |                    |    |                   |
|     | instructions)  | 8m                 |    |                   |
| n   | Section 951(a) inclusion (see instructions)                                    | 8n                 |    |                   |
| 0   | Section 951A(a) inclusion (see instructions)                                   | 80                 |    |                   |
| р   | Section 461(I) excess business loss adjustment                                 | 8p                 |    |                   |
| q   | Taxable distributions from an ABLE account (see instructions)                  | 8q                 |    |                   |
| r   | Scholarship and fellowship grants not reported on Form W-2                     | 8r                 |    |                   |
| S   | Nontaxable amount of Medicaid waiver payments included on Form                 |                    |    |                   |
|     | 1040, line 1a or 1d  | 8s (               | )  |                   |
| t   | Pension or annuity from a nonqualifed deferred compensation plan or            |                    |    |                   |
|     | a nongovernmental section 457 plan   | 8t                 |    |                   |
| u   | Wages earned while incarcerated  | 8u                 |    |                   |
| Z   | Other income. List type and amount:  |                    |    |                   |
|     |  | 8z                 |    |                   |
| 9   | Total other income. Add lines 8a through 8z                                    |                    | 9  |                   |
| 10  | Combine lines 1 through 7 and 9. This is your <b>additional income</b> . Enter | r here and on Form |    |                   |
|     | 1040, 1040-SR, or 1040-NR, line 8  |                    | 10 | -11 <b>,</b> 316. |

Schedule 1 (Form 1040) 2023 Page **2** 

| Par        | t II Adjustments to Income  |                  |     |  |
|------------|---|------------------|-----|--|
| 11         | Educator expenses   |                  | 11  |  |
| 12         | Certain business expenses of reservists, performing artists, and fee-ba         | asis government  |     |  |
|            | officials. Attach Form 2106   |                  | 12  |  |
| 13         | Health savings account deduction. Attach Form 8889                              |                  | 13  |  |
| 14         | Moving expenses for members of the Armed Forces. Attach Form 3903 .             |                  | 14  |  |
| 15         | Deductible part of self-employment tax. Attach Schedule SE                      |                  | 15  |  |
| 16         | Self-employed SEP, SIMPLE, and qualified plans                                  |                  | 16  |  |
| 17         | Self-employed health insurance deduction  |                  | 17  |  |
| 18         | Penalty on early withdrawal of savings  |                  | 18  |  |
| 19a        | Alimony paid  |                  | 19a |  |
| b          | Recipient's SSN   |                  |     |  |
| С          | Date of original divorce or separation agreement (see instructions):            |                  |     |  |
| 20         | IRA deduction   |                  | 20  |  |
| 21         | Student loan interest deduction   |                  | 21  |  |
| 22         | Reserved for future use   |                  | 22  |  |
| 23         | Archer MSA deduction  |                  | 23  |  |
| 24         | Other adjustments:  |                  |     |  |
| а          | Jury duty pay (see instructions)  | ła               |     |  |
| b          | Deductible expenses related to income reported on line 8l from the              |                  |     |  |
|            | rental of personal property engaged in for profit                               | łb               |     |  |
| С          | Nontaxable amount of the value of Olympic and Paralympic medals                 |                  |     |  |
|            | and USOC prize money reported on line 8m  |                  |     |  |
| d          | Reforestation amortization and expenses   | ld               |     |  |
| е          | Repayment of supplemental unemployment benefits under the Trade                 |                  |     |  |
|            | Act of 1974   |                  |     |  |
| f          | Contributions to section 501(c)(18)(D) pension plans                            |                  |     |  |
| g          | Contributions by certain chaplains to section 403(b) plans 24                   | lg               |     |  |
| h          | Attorney fees and court costs for actions involving certain unlawful            |                  |     |  |
|            | discrimination claims (see instructions)  | łh               |     |  |
| i          | Attorney fees and court costs you paid in connection with an award              |                  |     |  |
|            | from the IRS for information you provided that helped the IRS detect            |                  |     |  |
|            | tax law violations  |                  |     |  |
| j          | Housing deduction from Form 2555  | 4j               |     |  |
| k          | Excess deductions of section 67(e) expenses from Schedule K-1 (Form             |                  |     |  |
|            | 1041)   | łk               |     |  |
| Z          | Other adjustments. List type and amount:  |                  |     |  |
| <b>0</b> - |   |                  | 05  |  |
| 25<br>26   | Total other adjustments. Add lines 24a through 24z                              |                  | 25  |  |
| 26         | Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . E | nter here and on |     |  |
|            | Form 1040, 1040-SR, or 1040-NR, line 10   | <u> </u>         | 26  |  |

#### **SCHEDULE E** (Form 1040)

#### Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

Attach to Form 1040, 1040-SR, 1040-NR, or 1041,

Attachment

Sequence No. 13

Your social security number

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service Name(s) shown on return

Go to www.irs.gov/ScheduleE for instructions and the latest information.

SAIPRAKASH RAO AKULA 363-91-1886 Part I Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40. Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions . 1a Physical address of each property (street, city, state, ZIP code) H NO: 8-6-255, VENKATARAMAA NA, COLONY, VANASTHALIPURAM, HYDERABAD, TELANGANA IN 500070 Α В C 1b Type of Property **Fair Rental Personal Use** For each rental real estate property listed QJV (from list below) above, report the number of fair rental and **Davs Davs** personal use days. Check the QJV box only Α Α 320 0 if you meet the requirements to file as a В В qualified joint venture. See instructions. С C Type of Property: 3 Vacation/Short-Term Rental 1 Single Family Residence 5 Land 7 Self-Rental 8 Other (describe) 2 Multi-Family Residence 4 Commercial 6 Royalties **Properties:** Α В C Income: 3 Rents received . 3 680. 4 4 Royalties received . **Expenses:** 5 5 Advertising 6 Auto and travel (see instructions) 6 7 Cleaning and maintenance . . . 7 840. 8 Commissions 8 9 9 Insurance . . . 10 10 Legal and other professional fees 11 Management fees . . . . . . . . . . 11 1,854. 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 14 3,549. 14 Repairs . . . . 4,005. 15 Supplies 15 16 16 Taxes 17 Utilities . . . . . . . 17 1,748. 18 18 Depreciation expense or depletion . . . . . . . Other (list) 19 19 20 20 Total expenses. Add lines 5 through 19 . . . . . 11,996. 21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 . . . . . . . . . . . . . . . . . 21 -11,316. 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) . . . . . . . . 22 11,316.) 680. Total of all amounts reported on line 3 for all rental properties 23a Total of all amounts reported on line 4 for all royalty properties 23b Total of all amounts reported on line 12 for all properties 23c 23d Total of all amounts reported on line 18 for all properties 11,996. Total of all amounts reported on line 20 for all properties 23e 24 Income. Add positive amounts shown on line 21. Do not include any losses 24 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 25 11,316. Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result 26 here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2

26

-11,316.



### **Income Tax Return Payment**

#### Pay by Check

- Make your check payable to "Minnesota Revenue."
- Print the last four digits of your Social Security number in the memo line of your check.
- Mail your payment and the voucher below to the address on the voucher.

**Note:** Your payment may be delayed if your voucher information is missing or incorrect. When printing the voucher, set your printer to "Actual size" (not "Shrink oversized pages").

#### Scan Line

The scan line is the most important part of the voucher. When submitting your voucher make sure the scan line:

- Is printed with 66 digits characters, symbols, or masking are unacceptable.
- Is not cut off or missing.

#### **Pay Electronically**

- Pay electronically from your bank account. Go to **www.revenue.state.mn.us** and type **make a payment** into the Search box. Choose **Bank Account** from the menu. We do not charge for this service.
- Pay by credit card or debit card. Go to **www.revenue.state.mn.us** and type **make a payment** into the Search box. Choose **Credit or Debit Card** from the menu. A third party processes these payments and charges a fee for this service.
- Pay by ACH credit transfer through your financial institution. Go to www.revenue.state.mn.us and type ACH Credit into the Search box.

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Cut carefully along this line to detach. Your check authorizes us to make a one-time electronic fund transfer from your account.

1031



| ■ ■ ■ OF REVENUE  |  |           |
|---|--|-----------|
| Income Tax Return Payment                                 | Preparer Tax<br>Identification Number: | P02082703 |
| SAIPRAKASH RAO AKULA                                      | Social Security<br>Number (required):  | 363911886 |
| 309 MONUMENT HILL DR FORNEY TX 75126                      | Spouse's Social<br>Security Number:    | 000911000 |
| Make check payable to:                                    | Tax-Year End:                          | 123123    |
| Minnesota Revenue P.O. Box 64054, St. Paul, MN 55164-0054 | Amount of Che                          | 56 00     |





# **2023 Form M1, Individual Income Tax** Do not use staples on anything you submit.

|            | PRAKASH RAO<br>st Name and Initial  | AKULA<br>Last Name  | 3639118<br>Your Social Secu         |                             | 61992<br>e of Birth (MM/DD/YYYY) |
|------------|---|---|-------------------------------------|-----------------------------|----------------------------------|
| If a Joint | Return, Spouse's First Name and Initial   | Spouse's Last Name  | Spouse's Social So                  | ecurity Number Spouse's     | Date of Birth                    |
|            | MONUMENT HILL DR Home Address   |   | Check if Address                    | is: Ne                      | w Foreign                        |
| FORI       | 1EY   |   | TX<br>State                         | 7512<br>ZIP Code            | 6                                |
| 2023       | B Federal Filing Status (place  | e an X in one box)  | :                                   |                             |                                  |
| (1         | Sŗ  | Married Filing Separately ouse Name SWATHI Gouse SSN 047870 | (4) Head of Ho<br>ADAGO<br>) 7 4 2  | usehold (5) Qualif          | ying Surviving Spouse            |
|            | e Elections Campaign Fund<br>\$5 to this fund, enter the code for the party of your   | choice. It will help candidates for                         | state offices pay campaign expenses | This will not increase your | tax or reduce your refund.       |
| Your Cod   | Political Party Code<br>de Spouse's Code  | •   |                                     |                             |                                  |
| Fron       | n Your Federal Return (see i  | nstructions)  |                                     |                             |                                  |
| A. Wage    | 84676<br>es, salaries, tips, etc. B. IRA, pensions,   | and annuities   | C. Unemployment                     | D. Federal taxable          |                                  |
| 1          | Federal adjusted gross income (from line  | 11 of federal Form 1040 and                                 | d 1040-SR)                          | 1 ■                         | 73360                            |
| 2          | Additions to income from line 10 of Sched   | ıle M1M and line 9 of Sched                                 | dule M1MB (see instructions) .      | 2 ■                         |                                  |
| 3          | Add lines 1 and 2   |   |                                     | 3                           | 73360                            |
| 4          | Itemized deductions (from Schedule M1SA   | A) or your standard deducti                                 | on (see instructions)               | 4 🔳                         | 13825                            |
| 5          | Exemptions (from Schedule M1DQC)  |   |                                     | 5 🔳                         |                                  |
| 6          | State income tax refund from line 1 of fed  | eral Schedule 1   |                                     | 6 ■                         |                                  |
| 7          | Subtractions from line 35 of Schedule M1  | 1 and line 21 of Schedule M                                 | 1MB (see instructions)              | 7 ■                         |                                  |
| 8          | Total subtractions. Add lines 4 through 7.  |   |                                     | 8                           | 13825                            |
| 9          | Minnesota taxable income. Subtract line   | 3 from line 3. If zero or less,                             | leave blank                         | 9                           | <u>59535</u>                     |
| 10         | Tax from the table or schedules in the Form   | n M1 instructions   |                                     | 10                          | 3731                             |
| 11         | Alternative minimum tax (enclose Schedul  | e M1MT)   |                                     | 11 ■                        |                                  |
| 12         | Add lines 10 and 11   |   |                                     | 12                          | 3731                             |
| 13         | Full-year residents: Enter the amount from Part-year residents and nonresidents: From line 13, from line 28 on line 13a, and from 13a ■ 69903 13b ■ | n Schedule M1NR, enter the<br>line 29 on line 13b (enclose  | amount from line 32 on              | 13                          | <u>3555</u>                      |

#### 2023 M1, page 2



| 14       | Other taxes, such as recapture amounts and the tax on lump-  | sum distributions (check appropriate boxes)       | ^ 2 3  | 1 1 2 1 ^                 |
|----------|--|---|--------|---------------------------|
|          | (a) Schedule M1HOME (b) Schedule M1529   | (c) Schedule M1LS                                 | 14 ■ . |                           |
| 15       | Tax before credits. Add lines 13 and 14  |   | 15     | 3555                      |
| 16       | Amount from line 21 of Schedule M1C, Nonrefundable Credit  | s (enclose Schedule M1C)                          | 16 ■ . |                           |
| 17<br>18 | Subtract line 16 from line 15 (if result is zero or less, leave bla<br>Nongame Wildlife Fund contribution (see instructions)   |   |        |                           |
|          | This will reduce your refund or increase the amount you owe  |   | 18 ■ . |                           |
| 19       | Add lines 17 and 18  |   | .19    | 3555                      |
| 20       | Minnesota income tax withheld. Complete and enclose Sched  | ule M1W to report                                 |        |                           |
|          | Minnesota withholding from Forms W-2, 1099, and W-2G and S   | Schedules KPI, KS, and KF                         | 20 ■ . | 3499                      |
| 21       | Minnesota estimated tax and extension payments made for 2  | 2023  | 21 ■ . |                           |
| 22       | Amount from line 11 of Schedule M1REF, Refundable Credits  | (see instructions; enclose Schedule M1REF)        | 22 ■ . |                           |
| 23<br>24 | Total payments. Add lines 20 through 22  | line 23 (see instructions).                       |        | 3499                      |
| 25       | Direct deposit of your refund (you must use an account not a Checking Savings Routing Number   | associated with a foreign bank):  Account Number  |        |                           |
| 26<br>27 | <b>AMOUNT YOU OWE</b> . If line 19 is more than line 23, subtract I Penalty amount from Schedule M15 (see instructions). Also su this amount from line 24 or add it to line 26 (enclose Schedule | ubtract   |        |                           |
| IF Y     | Penalty and interest (see instructions)  OU PAY ESTIMATED TAX and want part of your refund credited Amount from line 24 you want sent to you   | to estimated tax, complete lines 29 and 30.       |        |                           |
| 30       | Amount from line 24 you want applied to your 2024 estimate   | d tax   | 30 ■   |                           |
| Тахра    | ayer(s): I declare that this return is correct and complete to the   | best of my knowledge and belief.                  |        |                           |
| Your     | Signature  | Spouse's Signature If Filing Jointly)             | Dat    | MM/DD/YYYY)               |
|          | 92095229   | SAIPRAKASH.SQL@GMAIL.COM                          |        |                           |
| Dayti    | me Phone   | Email Address                                     |        |                           |
|          | AM PRIYA RAM SAGAR GUPTA TALLAM  | 03132024  |        | 2082703                   |
|          | Preparer's Signature   | D MM/DD/YYYY)                                     | PIIN   | l or VITA/TCE # (required |
|          | 89659522<br>arer's Daytime Phone   | syam@gtaxfile.com Preparer's Email Address        |        |                           |
| - 1*     | I do not want my paid preparer to file my return electronically.   | I authorize the Minnesota Department of Revenue t |        |                           |

Include a copy of your 2023 federal return and schedules.

Mail to: Minnesota Individual Income Tax, Mail Station 0010, 600 N. Robert St., St. Paul, MN 55146-0010

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# **2023 Schedule M1NR, Nonresidents/Part-Year Residents**Before you complete this schedule, read the instructions and complete lines 1 through 11 of Form M1.

|        | I PRAKASH RAO First Name and Initial        | AKULA<br>Your Last Name  |     |                            | 11886<br>cial Security | Number         |
|--------|---|--|-----|----------------------------|------------------------|----------------|
| Spou   | se's First Name and Initial                 | Spouse's Last Name   |     | Spouse's                   | Social Secu            | rity Number    |
| You:   |   | The enter other state of residency)  A Year Resident from $\frac{01012023}{(\text{MM/DD/YYYY)}} \text{to} \frac{10292023}{(\text{MM/DD/YYYY)}}$ A Year Resident from $\frac{\text{to}}{(\text{MM/DD/YYYY)}}$ |     | ther State of Residency: _ |                        |                |
|        |   | (MINI/DD/TTTT) (MINI/DD/TTTT)  |     | A. Total Amount            | B. Min                 | nesota Portion |
| 1      | Wages, salaries, tips, etc. (from line 1z o | of federal Form 1040 or 1040-SR)   | 1_  | 84676                      |                        | 69903          |
|        |   |  |     |                            |                        |                |
| 2      | Taxable interest and ordinary dividend i    | income (lines 2b and 3b of Form 1040 or 1040-SR) .   | 2_  |                            |                        |                |
| 3      | Business income or loss (from line 3 of f   | federal Schedule 1)  | 3_  |                            |                        |                |
| 4      | Capital gain or loss (from line 7 of Form   | 1040 or 1040-SR)   | 4_  |                            |                        |                |
| 5<br>6 | Net income from rents, royalties, partne    |  |     |                            |                        | 0              |
|        | estates, and trusts (from line 5 of federa  | al Schedule 1)   | 6_  | 11310                      |                        |                |
| 7<br>8 | Other income (add lines 6b of Form 104      |  |     |                            |                        |                |
| 9      | Interest and dividends from non-Minne       | sota state or municipal bonds  |     |                            |                        |                |
| 10     | Bonus depreciation addition from line 1     | of Schedule M1MB   | 10■ |                            | •                      |                |
| 11     | If you entered an amount on line 9 of So    | chedule M1REF, see instructions  | 11■ |                            | •                      |                |
| 12     | Suspended loss from line 4 of Schedule      | M1MB   | 12■ |                            | •                      |                |
| 13     | Other required adjustments from Scheo       | dules M1M, M1MB, and M1AR (see instructions)   | 13■ |                            |                        |                |
| 14     | This line intentionally left blank          |  | 14■ |                            | •                      |                |
| 15     | Add lines 1 through 14 for each column      |  | 15■ | 73360                      |                        | 69903          |
| lf yo  | ur Minnesota gross income is below \$13     | 3,825 see instructions.  |     |                            |                        |                |
| 16     |   | penses, and Armed Forces moving expenses   |     |                            |                        |                |
|        |   | edule 1)   | 16_ |                            |                        |                |
| 17     | Self-employed SEP, SIMPLE, and qualified    |  |     |                            |                        |                |
|        |   | 21)  | 17_ |                            |                        |                |
| 18     | Health savings account and Archer MSA       |  |     |                            |                        |                |
|        |   | 21)  | 18_ |                            |                        |                |
| 19     | One-half of self-employment tax and se      |  |     |                            |                        |                |
|        |   | 2 1)   | 19_ |                            |                        |                |
| 20     | Deductions for alimony paid and studer      |  |     |                            |                        |                |
|        | (see instructions for line 20, column B) .  |  | 20_ |                            |                        |                |

#### 2023 Form M1NR, page 2



| 21       | Penalty on early withdrawal of savings (from line 18 of federal Schedule 1) 21   |       |
|----------|--|-------|
| 22       | Other subtractions from Schedule M1MB (see instructions)   | ■     |
| 23       | Social Security benefit from line 12 of Schedule M1M (see instructions)  |       |
| 24<br>25 | Subtraction for federal bonus depreciation from line 10 of Schedule M1MB   |       |
| 26       | Subtraction for federal section 179 expensing (from line 11 of Schedule M1MB)  |       |
| 27<br>28 | Add lines 16 through 26 for each column  |       |
| 29       | M1. If your Minnesota gross income is below \$13,825 or the result is zero or less, enter 0  | 09903 |
| 30       | Divide line 28 by line 29, and enter the result as a decimal (carry to five decimal places). If line 28 is more than line 29, enter 1.0. If line 28 is zero, enter 0 | 95288 |
| 31       | Amount from line 12 of Form M1   | 3731  |
| 32       | Multiply line 30 by line 31. Enter the result here and on line 13 of Form M1   | 3555  |

You must include this schedule with Form M1. Enter the amounts from lines 28 and 29 of this schedule on Form M1, lines 13a and 13b.





# 2023 Schedule M1W, Minnesota Income Tax Withheld

Complete this schedule to report Minnesota income tax withheld. Include this schedule when you file your return.

| SAIPRAKASH R  | RAO   | AKULA   |  |  |   | 36391                       | L1886  |
|---|---|---|--|--|---|-----------------------------|--|
| our First Name and Initia   | al  | Last Name   |  |  |   | Your Socia                  | al Security Num  |
| f a Joint Return, Spouse's F  | irst Name and Initial   | Spouse's La   | st Name  |  |   | Spouse's S                  | Social Security Number                                   |
| If you received a feder<br>complete this schedul<br>amounts to the neare<br>W-2G; keep them with<br>Minnesota wages a | le to determine line<br>st whole dollar. You<br>n your tax records. | e 20 of Form N<br>u must include<br>All instruction | <ol> <li>List only the form<br/>this schedule when<br/>are included on the</li> </ol>  | ms that rep<br>n you file yo<br>nis schedule | ort Minnesota incom<br>our return. <b>DO NOT</b> s                              | e tax withh<br>send in your | eld. Round dollar<br>Forms W-2, 1099, c                  |
| complete line 5 on  |   |   |  |  |   |                             |  |
| Α   | B—Box 13  | C—Box 15  | te es a ac   | D—Box  |   | E—Box 1                     |  |
| <ul><li>If the Form W-2 is for:</li><li>you, enter 1</li><li>spouse, enter 2</li></ul>                                | If Retirement Plan<br>box is checked,<br>mark an X below.           | Tax ID Numb   | seven-digit Minnesota<br>per   |  | ages, tips, etc.<br>o nearest whole dollar)                                     |                             | ota tax withheld<br>o nearest whole dollar)              |
| a1 <u>1</u>   | b1  | c1 MN   | 6886543  | d1   | 69903   | e1                          | 3499   |
| a2  | b2  | c2 MN   |  | d2   |   | e2                          |  |
| a3  | b3  | c3 MN   |  | d3   |   | e3                          |  |
| a4  | b4  | c4 MN   |  | d4   |   | e4                          |  |
| a5  | b5  | c5 MN   |  | d5   |   | e5                          |  |
| Subtotal for additio  | nal Forms W-2 (fron   | n line 5 on page                                    | e 2)   |  |   |                             |  |
| Total Minnesota ta  | x withheld on all Fo  | orms W-2 (add o                                     | amounts in line 1, co  | lumn E)                                      |   | 1■                          | 3499   |
| Minnesota tax with  A  If the Form 1099, W-2G  • you, enter 1  • spouse, enter 2                                      |   | <b>B</b><br>Payer's seve                            | 142-S. If you have monday and the monday of the monday of the monday of the payment of the payme | <b>C</b><br>Income                           | r forms, complete line<br>amount (see the table on<br>k for amounts to include) | <b>D</b><br>Minne           | ck.<br>esota tax withheld<br>If to nearest whole dollar) |
| a1  |   | b1 MN   |  | c1   |   | d1                          |  |
| a2  |   | b2 MN   |  | c2   |   | d2                          |  |
| a3  |   | b3 MN   |  | c3   |   | d3                          |  |
| a4  |   | b4 MN   |  | c4   |   | d4                          |  |
| Subtotal for additio  | nal 1099, W-2G, and   | d 1042-S (from                                      | line 6 on page 2)  |  |   |                             |  |
| Total Minnesota ta  | x withheld on all 10  | 99, W-2G, and                                       | <b>1042-S</b> (add amoun   | ts in line 2, o                              | column D)   | 2■                          |  |
| 3 Total Minnesota ta  |   | . , .   | •  |  |   |                             |  |
| 1 Total. Add the Minr   | nesota tax withheld   | on lines 1, 2, a                                    | nd 3.  |  |   |                             | 3499   |